

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10518787 FILING DATE.

APPLICANT(S)

CLAIMS

CLAIM NUMBER	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	12	12	12	12	12	12
TOTAL DEP.	25	25	25	25	25	25
TOTAL CLAIMS	37	37	37	37	37	37

BEST! AVAILABLE COPY